

November 15, 2021

Public Service Commission  
Clerk's Office  
101 Executive Center Drive, Suite 100  
Columbia, SC 29210

CC: Office of Regulatory Staff Transportation Department  
1401 Main Street, Suite 900  
Columbia, SC 29201

Re: Loop Carts, LLC Class C Taxi Application.

To Whom It May Concern:

I have been retained by my client Loop Carts, LLC ("Loop") to advise in the submission of the South Carolina Class C Taxi application. Given my client's business, we originally submitted a Transportation Network Company ("TNC") application directly to the Office of Regulatory Staff ("ORS") on October 1, 2021. Through that process I worked with Tom Allen of ORS to determine if Loop would qualify as a TNC operator under the regulations. It was ultimately determined by ORS after a few discussions and many detailed questions about Loop's business operations that the TNC license was not the appropriate license. In my last discussion with Mr. Allen and his team it was recommended that Loop should instead apply for a Class C Taxi license. Given the direction of Mr. Allen and his team, I am submitting the Class C Taxi Application on behalf of Loop.

In my conversations with Mr. Allen and his team, they suggested that I express that my client is currently operating within one jurisdiction currently, and would like to expand as soon as possible. In addition, we have been working with ORS to answer many of the questions they had about our operations. With that in mind we respectfully request an expedited review of our application. My hope is that given the information that we have previously provided ORS and our quick response to any request you may have, we can get my clients licensed as soon as possible. Loop is eager to expand their currently operating business into other jurisdictions.



Brett C. Vigrass  
Admitted in SC  
Tel: 803.603.7555  
[brett@cardenvigrass.com](mailto:brett@cardenvigrass.com)

If you have any questions about the attached application, please do not hesitate to reach out to me directly via email at [brett@cardenvigrass.com](mailto:brett@cardenvigrass.com) or by phone at 803-603-7555. I look forward to working with you and your team to get this application processed quickly.

Sincerely,

A handwritten signature in blue ink, appearing to read "B. Vigrass", written over a light blue horizontal line.

Brett Vigrass, Esq.

Enclosure(s)

Submitting an application for a Class C Taxi Certificate involves two South Carolina state agencies:

1.) Public Service Commission of South Carolina (PSC) [www.psc.sc.gov](http://www.psc.sc.gov)

**PSC Website**

2.) South Carolina Office of Regulatory Staff (ORS) [www.regulatorystaff.sc.gov](http://www.regulatorystaff.sc.gov)

**ORS Website**

The minimum time to obtain authority from the PSC and a certificate from the ORS is approximately four (4) weeks.

### **PHASE 1 - CERTIFICATION PROCESS - Public Service Commission - Clerk's Office**

If you have any questions regarding the completion of the Transportation Cover Sheet and/or the Class C Taxi Application, please call the Clerk's Office at 803-896-5100.

#### **Step 1: Complete and Submit the Application.**

**\*\*Please ensure your name/name of business is consistent throughout the Application\*\***

- A. Complete all sections of the Transportation Cover Sheet and Class C Taxi Application.
- B. Provide all signatures as required.
- C. Application must be notarized in appropriate area.
- D. If Applicant is an LLC or incorporated, please attach a copy of the Certificate of Existence from the South Carolina Secretary of State and Articles of Incorporation.
- F. Mail or Fax the completed Transportation Cover Sheet, Class C Taxi Application, and attachments to:

**Public Service Commission  
Clerk's Office  
101 Executive Center Drive, Suite 100  
Columbia, SC 29210  
Fax: 803-896-5199**

**AND**

**Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, SC 29201  
Fax: 803-737-0815**

#### **Step 2: Application is assigned a Docket Number.**

- A. Applicant will receive a confirmation letter indicating the Docket Number assignment. Information (filings, correspondence, etc.) is available on the Commission's Docket Management System (DMS) at <https://dms.psc.sc.gov/Web>.

**Link to DMS**

#### **Step 3: Public Service Commission Action**

- A. The application is placed on the Commission's Agenda. The application is reviewed by the Commission one week as an advised item and the next week as an action item.
- B. The week the application is on the agenda as an action item, the Commission may discuss and approve or deny the application at its regularly scheduled Public Service Commission Meeting. (See PSC website for calendar.)
- C. The applicant will receive an Order from the Commission approving or denying the application.
- D. If approved, the applicant has 90 days from the date of the Order to comply with the rules and regulations of the Public Service Commission.

**PHASE 2 - COMPLIANCE PROCESS - Office of Regulatory Staff - Transportation Department**

If you have any questions regarding the requirements to comply with the PSC's Order to obtain a Certificate to begin operating in the State of South Carolina, please contact the Transportation Department at the Office of Regulatory Staff at 803-737-0800.

Complete Steps 4 and 5 only after your application has been approved by the PSC and you have received an Order

**Step 4: Obtaining a Certificate by Complying with the Public Service Commission Rules and Regulations**

- A. License Decal Sticker - Mail payment (cash, check, or money order) for license decal sticker(s) along with a completed Application for License Decal form to ORS. (Form available on the ORS website):

Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 901  
Columbia, SC 29201



- B. Vehicle/Records Inspection
1. Vehicles must be inspected by ORS staff prior to issuance of certificate.
  2. An ORS inspector will contact the Applicant to schedule an appointment to complete the Initial Inspection Report.
- C. Proof of Insurance - Contact your insurance agent and request the insurance carrier complete and file the Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance (**FORM E**.) The insurance carrier must file Form E with ORS. Form E can be scanned and emailed, faxed or mailed to:

Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 901  
Columbia, SC 29201  
Fax: 803-737-0815

**Step 5: Issuance of Certificate**

- A. Applicant will receive a Certificate of Public Convenience and Necessity upon completion of Step 4.
- B. **Operation without the Certificate of Public Convenience and Necessity is prohibited.**

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for a Class C Taxi License for Loop  
Carts, LLC

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Troy Barber

Telephone: 843-364-0432

Address: 93 Society Street

Fax: \_\_\_\_\_

Charleston, SC 29401

Other: \_\_\_\_\_

Email: tbarber@kingandsociety.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Request for Name Change on Certificate

☒ Application - Class C Taxi

☐ Request to Amend Scope of Authority

☐ Application - Class C Charter

☐ Request to Amend Tariff (rate increase, etc.)

☐ Application - Class C Charter Bus

☐ Request to Amend Passenger Limit

☐ Application - Class C Non-Emergency

☐ Request

☐ Application - Class C Stretcher Van

☐ Exhibit

☐ Application - Class E Household Goods

☐ Late-Filed Exhibit

☐ Application - Class E Hazardous Waste

☐ Letter

☐ Application

☐ Proposed Order

☐ Request for Extension to Comply with Order

☐ Publisher's Affidavit

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Reservation Letter

☐ Request for Cancellation of Certificate

☐ Response

☐ Request for Suspension

☐ Return to Petition

☐ Request for Reinstatement

☐ Other: \_\_\_\_\_

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER**

Date: 11/15/2021

**CLASS C - TAXI**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Loop Carts, LLC  
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)  
93 Society Street Charleston, SC 29401  
Street Address of Applicant  
Mailing Address of Applicant (if different from street address)  
864-434-2303 n/a  
Phone Fax  
info@ride-loop.com  
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and addresses of all person having an interest in the business.  
☒ Corporation - List names and addresses of two principal officers.

Troy Barber - 93 Society Street Charleston, SC 29401 (business address)

Brett Kraeling - 93 Society Street Charleston, SC 29401 (business address)

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<b><u>Assets:</u></b>		<b><u>Liabilities:</u></b>	
Value of Real Estate	<input type="text"/>	Mortgage/Loan on Real Estate	<input type="text"/>
Value of Motor Vehicles	<input type="text" value="73,066"/>	Loans Owed on Motor Vehicles	<input type="text"/>
Cash on Hand	<input type="text"/>	Business/Other Loans Owed	<input type="text"/>
Cash in Bank	<input type="text" value="718,915"/>	Other Liabilities or Debts	<input type="text" value="5,438"/>
Value of Other Assets and Equipment	<input type="text" value="1,318"/>	<b>Total Liabilities</b>	<input type="text" value="5,438"/>
<b>Total Assets</b>	<input type="text" value="793,299"/>		

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## PROPOSED RATES AND CHARGES FOR SERVICE

### Proposed Rates and Charges:

Base Rate + ((cost per mile x ride distance) x surge multiplier) = Passenger Ride Fare

Maximum rate \$500 per ride.

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input type="checkbox"/> Abbeville	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Florence	<input type="checkbox"/> Lee	<input type="checkbox"/> Saluda
<input type="checkbox"/> Aiken	<input type="checkbox"/> Chester	<input type="checkbox"/> Georgetown	<input type="checkbox"/> Lexington	<input type="checkbox"/> Spartanburg
<input type="checkbox"/> Allendale	<input type="checkbox"/> Chesterfield	<input type="checkbox"/> Greenville	<input type="checkbox"/> Marion	<input type="checkbox"/> Sumter
<input type="checkbox"/> Anderson	<input type="checkbox"/> Clarendon	<input type="checkbox"/> Greenwood	<input type="checkbox"/> Marlboro	<input type="checkbox"/> Union
<input type="checkbox"/> Bamberg	<input type="checkbox"/> Colleton	<input type="checkbox"/> Hampton	<input type="checkbox"/> McCormick	<input type="checkbox"/> Williamsburg
<input type="checkbox"/> Barnwell	<input type="checkbox"/> Darlington	<input type="checkbox"/> Horry	<input type="checkbox"/> Newberry	<input type="checkbox"/> York
<input type="checkbox"/> Beaufort	<input type="checkbox"/> Dillon	<input type="checkbox"/> Jasper	<input type="checkbox"/> Oconee	
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Dorchester	<input type="checkbox"/> Kershaw	<input type="checkbox"/> Orangeburg	<input checked="" type="checkbox"/> Statewide
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Edgefield	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Pickens	
<input type="checkbox"/> Charleston	<input type="checkbox"/> Fairfield	<input type="checkbox"/> Laurens	<input type="checkbox"/> Richland	



## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
- ☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Polaris	2022 GEM E6	52CG6AEA6N5023517	1696 lbs
Polaris	2022 GEM E6	52CG6AEA6N5023515	1696 lbs
Polaris	2022 GEM E6	52CG6AEA6N5023520	1696 lbs
Polaris	2022 GEM E6	52CG6AEA6N5023700	1696 lbs
Polaris	2022 GEM E6	52CG6AEA6N5023708	1696 lbs
Polaris	2022 GEM E6	52CG6AEA6N5023681	1696 lbs
Polaris	2022 GEM E6	52CG6AEA6N5023702	1696 lbs

## INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Loop Carts, LLC

Name of Applicant

93 Society Street Charleston, SC 29401

Address of Applicant

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ 23,069

Limits \$25,000/\$50,000/\$25,000

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

1-7 Passengers\* \$ 25,000/50,000/25,000

\* Passengers = Number of seatbelts in the vehicle,  
including the driver's seatbelt

8-15 Passengers\* \$ 25,000/100,000/25,000

Tucker Agency

Name of Insurance Company

21 White Bridge Rd, STE 201 Nashville TN, 37205

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**

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Troy Barber  
Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.  
☒ Yes ☐ No
  
2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.  
☒ Yes ☐ No
  
3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.  
☒ Yes ☐ No
  
4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.  
☒ Yes ☐ No
  
5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.  
☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



STATE OF SOUTH CAROLINA )  
COUNTY OF Charleston )

SWORN TO BEFORE ME  
This 15th day of November, 2021

Misti M. Cox  
Notary Public

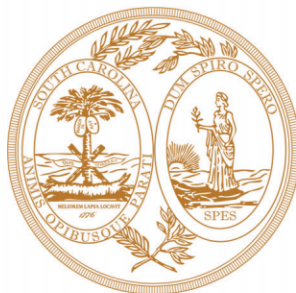
Commission Expires 11/25/2024

[Signature]  
Applicant's Signature

Member  
Title of Applicant (e.g. President, Owner, etc.)

**Print Application**

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

Loop Carts, LLC, a limited liability company duly organized under the laws of the State of South Carolina on April 23rd, 2021, with a duration that is until April 23rd, 2071, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. 33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 22nd  
day of September, 2021.

  
Mark Hammond, Secretary of State

Sep 22 2021  
REFERENCE ID: 873244

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

  
SECRETARY OF STATE OF SOUTH CAROLINA

ARTICLES OF ORGANIZATION  
Limited Liability Company – Domestic

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

Loop Carts, LLC

\*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is  
93 Society Street

(Street Address)

Charleston, South Carolina 29401

(City, State, Zip Code)

3. The initial agent for service of process is

Troy Barber

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:  
93 Society Street

(Street Address)

Charleston

South Carolina 29401

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

M Anthony Stith Jr

(Name)

973 Houston Northcutt Blvd Suite 101

(Street Address)

Mt Pleasant, South Carolina 29464

(City, State, Zip Code)

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Sep 22 2021

REFERENCE ID: 873244

  
SECRETARY OF STATE OF SOUTH CAROLINA

Loop Carts, LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☒ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. 04/23/2071

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time \_\_\_\_\_.



CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Sep 22 2021

REFERENCE ID: 873244

  
\_\_\_\_\_  
SECRETARY OF STATE OF SOUTH CAROLINA

Loop Carts, LLC

\_\_\_\_\_  
Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

M Anthony Stith Jr

\_\_\_\_\_  
Signature of Organizer

Date: 04/23/2021

\_\_\_\_\_  
Signature of Organizer

Date: \_\_\_\_\_